



## CITY OF SANTA CLARA PARKS & RECREATION DEPARTMENT

Santa Clara Senior Center Registration and Release of Liability Form January - December 2015

Staff Initials \_\_\_\_\_

<b>S</b> 18
SANTA CLARA PARKS & RECREATION

FIRST Name LAST Name									
Address Number & Street	Unit	City	State	Zip Code					
☐ Yes, I would like to receive City of Santa Clara e-mail updates containing information about events and programs ☐ No thanks Email Address (if yes)									
Home Phone	Cell Phone	Work Phone	Date of 1	Birth 					
PARTICIPANT INFORMATION									
List up to four medical condi emergency responders to kno 1.	tions you want	Medications:							
2. 3. 4.		2. 3. 4.							
Are you allergic to any medic Have you had a seizure? Do you utilize a Personal Ca Are you a Personal Care Atta	re Attendant (PCA)?	Yes No I	Date of last seizure: PCA's name is: Participant's name:						
Do you utilize any mobility a Check all that apply:   Ca		Wheelchair	Scooter/Power Chair	Segway					
Do you have a diagnosed dis Check all that apply:  Describe:	_	Yes No ogical/Cognitive [	] Physical						
Do you have any special need Describe:	ds that may affect your pa	rticipation in Senior (	Center programs? 🗌 Y	es No					
	EMERGI	ENCY CONTACTS							
Name (FIRST/LAST)	Home Pho	one	Cell Phone						
Name (FIRST/LAST)	Home Pho	one	Cell Phone	- <del>-</del>					
Italicize	STA d sections where information i	AFF USE ONLY is provided requires appr	oval prior to processing.						
FC/N (Volunteer / Non-Fill ID Fit –TRS	d / SCUSD/ Property Own	ner / Employee)	NO CARD ISSUE Adventures to C Lapidary Non-Resident (	Go					
GUARDCARD Number ATG TRAVELER Yes	* *	/date: ADDRESS: Input b	Verified by/date:v/date:						

Theve received, read, and agree to comply with the Senior Center's Guidelines for Use. Initial						
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT  I hereby release the City of Santa Clara, California ("City"), its City Council, representatives, employees, volunteers, agents, assigns, the Santa Clara Unified School District, its School Board, officers, agents, and employees from any all claims, obligations, choices of action, and liability of any kind, arising out of or connected with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. This release is intended as a full and complete release covering any possible claims, injuries or harm, contingent or otherwise, involving personal injury or property damage which may arise in connection with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center.  I HAVE READ THE GUIDELINES FOR USE OF FITNESS ROOM AND NATATORIUM, THE WOOD SHOP PROGRAM GUIDELINES. THE LAPIDARY SHOP PROGRAM GUIDELINES AND THE ADVENTURES TO GEROGRAM GUIDELINES, THE LAPIDARY SHOP PROGRAM GUIDELINES AND THE ADVENTURES TO GEROGRAM GUIDELINES. AND ANY OTHER GUIDELINES FOR USE OR PROGRAM GUIDELINES PRETAINING TO THE SENIOR CENTER, AND I AM AWARE THAT THESE ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH ARISING OUT OF OR CONNECTED WITH MY PARTICIPATION IN CLASSES OR INJURY OR DEATH ARISING OUT OF OR CONNECTED WITH MY PARTICIPATION IN CLASSES OR ENTITIES OR PERSONS MENTIONED ABOVE WHO MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE, AND/OR ASSIGNS.  I have carefully read this Agreement and fully understand its content. All participants must sign this Agreement.  Date:    Print Name:		SANTA CI	LARA SENIOI	R CENTER GUI	DELINES FOR U	SE
I hereby release the City of Santa Clara, California ("City"), its City Council, representatives, employees, volunteers, agents, assigns, the Santa Clara Unified School District, its School Board, officers, agents, and employees from any an all claims, obligations, choices of action, and liability of any kind, arising out of or connected with my participation in classes or activities at the Senior Center. The consideration for this release is my participation in classes or activities or equipment at the Senior Center. The consideration for this release is my participation in classes or activities or equipment at the Senior Center. The release is intended as a full and complete release coverage possible claims, injuries or harm, contingent or otherwise, involving personal injury or property damage which may arise in connection with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center.  I HAVE READ THE GUIDELINES FOR USE OF FITNESS ROOM AND NATATORIUM, THE WOOD SHOP PROGRAM GUIDELINES, THE LAPIDARY SHOP PROGRAM GUIDELINES AND THE ADVENTURES TO GPROGRAM GUIDELINES, AND ANY OTHER GUIDELINES FOR USE OR PROGRAM GUIDELINES PERTAINING TO THE SENIOR CENTER, AND I AM AWARE THAT THESE ACTIVITIES MAY SUBJECT ME TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH ARISING GUT OF OR CONNECTED WITH MY PARTICIPATION IN CLASSES OR ACTIVITIES AT THE SENIOR CENTER, AND ENTRY TO AND USE OF ANY FACILITIES OR EQUIPMENT AT THE SENIOR CENTER, I HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF MY FACILITIES OR EQUIPMENT AT THE SENIOR CENTER. HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF MY HEREBY, THE SENIOR CENTER AND ENTRY TO AND USE OF ANY FACILITIES OR EQUIPMENT AT THE SENIOR CENTER. HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF MY HEREBY, THE SENIOR CENTER AND ENTRY TO AND USE OF ANY FACILITIES OR EQUIPMENT AT THE SENIOR CENTER. HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF MY HEREBY, THE SENIOR CENTER HEREBY RELEASE, DISCHARGE AND HO	I have received, read	, and agree to con	nply with the Se	enior Center's <u>Gu</u>	idelines for Use.	Initial
agents, assigns, the Sania Clara Unified School District, its School Board, officers, agents, and employees from any an all claims, obligations, choices of action, and liability of any kind, arising out of or connected with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. The consideration for this release is my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. This release is included as a full and complete release covering any possible claims, injuries or harm, contingent or otherwise, involving personal injury or property damage which may arise in connection with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center.  I HAVE READ THE GUIDELINES FOR USE OF FITNESS ROOM AND NATATORIUM, THE WOOD SHOP PROGRAM GUIDELINES, THE LAPIDARY SHOP PROGRAM GUIDELINES AND THE ADVENTURES TO GO PROGRAM GUIDELINES, THE LAPIDARY SHOP PROGRAM GUIDELINES AND THE ADVENTURES TO GO PROGRAM GUIDELINES, THE LAPIDARY SHOP PROGRAM GUIDELINES AND THE ADVENTURES TO GO PROGRAM GUIDELINES, THE LAPIDARY SHOP PROGRAM GUIDELINES AND THE SENIOR CENTER, AND I AM AWARE THAT THESE ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH ARISING OUT OF OR CONNECTED WITH MY PARTICIPATION IN CLASSES OR ACTIVITIES AT THE SENIOR CENTER AND ENTRY TO AND USE OF ANY FACILITIES OR EQUIPMENT AT THE SENIOR CENTER AND ENTRY TO AND USE OF ANY FACILITIES OR EQUIPMENT AT THE SENIOR CENTER. I HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE, AND/OR ASSIGNS.  I have carefully read this Agreement and fully understand its content. All participants must sign this Agreement.  Print Name:  Signature:  Signature:  Signa	I	RELEASE OF LI	ABILITY AN	D ASSUMPTIO	N OF RISK AGRE	EEMENT
PROGRAM GUIDELINES, THE LAPIDARY SHOP PROGRAM GUIDELINES AND THE ADVENTURES TO GO PROGRAM GUIDELINES, AND ANY OTHER GUIDELINES FOR USE OR PROGRAM GUIDELINES PERTAINING TO THE SENIOR CENTER, AND I AM AWARE THAT THESE ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH ARISING OUT OF OR CONNECTED WITH MY PARTICIPATION IN CLASSES OR ACTIVITIES AT THE SENIOR CENTER AND ENTRY TO AND USE OF ANY FACILITIES OR EQUIPMENT AT THE SENIOR CENTER. I HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE, AND/OR ASSIGNS.  I have carefully read this Agreement and fully understand its content. All participants must sign this Agreement.  Date:  Print Name:  Signature:  For more information, contact the Santa Clara Senior Center: 1303 Fremont Street, Santa Clara, CA 95050  Phone: 408-615-3170  www.SantaClaraCA.gov/SeniorCenter • CustServSrCenter@SantaClaraCA.gov  **STAFF USE ONLY**  For Renewal Use: ATG ID Fit PCA Woodshop Lapidary Fitness Non-Resident Volunteer Staff Alert Text:  Comments:  Comments:	agents, assigns, the Sall claims, obligation classes or activities a consideration for this facilities or equipment possible claims, injurarise in connection w	Santa Clara Unified is, choices of action in the Senior Centers release is my particle at the Senior Center is or harm, contivith my participati	d School Distriction, and liability er and entry to a rticipation in clarenter. This releasingent or otherwon in classes or	of any kind, arising and use of any factors assess or activities assess is intended as wise, involving pe	rd, officers, agents, ng out of or connect ilities or equipment at the Senior Center a full and complete rsonal injury or project.	and employees from any ted with my participation at the Senior Center. The r and entry to and use of release covering any perty damage which may
Print Name: Signature:  The City will maintain your medical history and information in conformance with all applicable laws to ensure its confidentiality.  For more information, contact the Santa Clara Senior Center:  1303 Fremont Street, Santa Clara, CA 95050 Phone: 408-615-3170 www.SantaClaraCA.gov/SeniorCenter • CustServSrCenter@SantaClaraCA.gov  STAFF USE ONLY  For Renewal Use: ATG ID Fit PCA Woodshop Lapidary Fitness Non-Resident Volunteer Staff Alert Text:  Comments:	PROGRAM GUIDE PROGRAM GUIDE PROGRAM GUIDE PERTAINING TO TO PHYSICAL RIS INJURY OR DEATH ACTIVITIES AT THAT THE SENIOR CENTITIES OR PERSHEIRS, PERSONAL I have carefully read	LINES, THE LAI LINES, AND AN THE SENIOR CEN KS AND DANGE H ARISING OUT HE SENIOR CEN ENTER. I HEREI SONS MENTION L REPRESENTAT	PIDARY SHOP Y OTHER GUINTER, AND I A ERS. I VOLUN OF OR CONN TER AND ENT BY RELEASE, ED ABOVE W TIVES, RELAT	PROGRAM GU IDELINES FOR AM AWARE THATARILY AGREE ECTED WITH M TRY TO AND US DISCHARGE, A THO MIGHT OTI TVES, SPOUSE,	IDELINES AND TUSE OR PROGRAMAT THESE ACTIVE TO ASSUME AN MY PARTICIPATIONE OF ANY FACILAND HOLD HARM HERWISE BE LIAMAND/OR ASSIGN	THE ADVENTURES TO M GUIDELINES ITIES MAY SUBJECT Y AND ALL RISKS OF ON IN CLASSES OR LITIES OR EQUIPMENT ILESS ALL OF THE BLE TO ME, OR MY S.
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